

CHANGE OF ZONING CLASSIFICATION

WICHITA-SEDGWICK COUNTY METROPOLITAN AREA PLANNING DEPARTMENT

INSTRUCTIONS FOR FILING AN APPLICATION

1. All applicants desiring to submit a request for change of zoning classification should consult with the Metropolitan Area Planning Department (MAPD) prior to submitting a formal application. The purpose of the consultation is to determine the appropriate zoning classification for the proposed use and to advise the applicant of his rights and responsibilities in submitting such an application.
2. If the application area is within the area of influence of another city in Sedgwick County, the application will be scheduled for consideration by that city's Planning Commission prior to being considered by the Metropolitan Area Planning Commission (MAPC). Cases will not be heard by the MAPC until there has been an opportunity for the small city to hear the application.
3. An application for approval of a change of zoning classification must be signed by all property owners or by the authorized agent(s) of such owners(s).
4. An application for approval of a change of zoning classification shall be accompanied by a current abstractor's certificate containing a legal description of the area in the application as well as the name and mailing address of the owner, and shall include the names mailing addresses (with zip codes) of all property owners within the following prescribed distance measured from the perimeter of the application area:

For applications within unincorporated Sedgwick County: 1000 feet

For applications within the City of Wichita, the notification distance is based on the size of the property as follows:

Up to and including 1 acre:	200 feet
Over 1 acre to 6 acres:	350 feet
Over 6 acres to 15 acres:	500 feet
Over 15 acres to 25 acres:	750 feet
Over 25 acres	1000 feet

5. An application for change of zoning classification shall be accompanied by the appropriate filing fee. The fee is based on the zoning district being requested and the size of the application area and is determined as follows:

Zoning District Requested

RR, SF-20, SF-10, SF-5, TF-3	\$440 + \$22/Acre
MF-18, MF-29, MH, U, B, NO, GO, NR	\$660 + \$22/Acre
LC, GC, CBD, OW, IP, LI, GI	\$880 + \$22/Acre
Adjustment to Zoning Standards	\$140
Additional Adjustment on Same Lot	\$50

All checks should be made payable to "City of Wichita" which acts as agent for the Metropolitan Area Planning Department.

6. In accordance with local policy, one or more zoning adjustment signs shall be posted on the application site 13 days prior to the scheduled public hearing of the application request. These signs are available for purchase at the MAPD when the application is filed. The fee is \$ 3 per single face sign.
7. The MAPC meets twice a month, on Thursdays, in the 10th Floor Conference Room at Wichita City Hall, 455 N. Main Street. Refer to the MAPC calendar of closing and meeting dates for specific dates. It is the policy of the MAPC to not consider more than 9 new land use applications at any regular meeting.
8. Requests for a deferral of the hearing of any zone change application shall be submitted to the MAPD at least 7 days prior to the scheduled hearing date. To cover the cost of preparing and mailing new notices, persons requesting a deferral will be charged a fee as follows:

Deferral	\$110
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9. Persons speaking at the MAPC public hearing will be limited to 5 minutes. The MAPC may, at its discretion, extend by motion such time when needed and justified.
10. The MAPC or Governing Body may require the applicant to plat or replat the area to provide adequate street right-of-way, drainage and utility easements, access control, etc. The rezoning ordinance or resolution will not be published and therefore the rezoning will not become effective until the platting/replatting process has been completed and the plat recorded with the Sedgwick County Register of Deeds.

APPLICATION

This form **MUST** be completed and filed at the Planning Department, Tenth Floor, City Hall, 455 N. Main St., Wichita, KS, 67202 in accordance with directions on the accompanying instruction sheet. **AN INCOMPLETE APPLICATION CANNOT BE ACCEPTED.** Check the appropriate box below for type of application being submitted. A separate application form and filing fee is required for each application. A preapplication conference with the planning staff is recommended before filing this application.

SECTION I

This property is located within: Wichita Sedgwick County (unincorporated)

Metropolitan Area Planning Commission:

Zone Change: From zoning district: to

Planned Unit Development: Approval Amendment to PUD Adjustment to PUD

Community Unit Plan: Approval Amendment to CUP Adjustment to CUP

Protective Overlay: Approval Amendment to PO Adjustment to PO

Conditional Use: To allow: zone district:
Adjustment to approved site plan. CU No.

Vacation of: zone district:
(Use a separate sheet for legal description, if necessary.)

Administrative Permit: To allow: zone district:

Board of Zoning Appeals:

Variance: To allow: zone district:

Appeal of: zone district:

Zoning Adjustment: To allow: zone district:

SECTION II

1. The application area is legally described as Lot(s) ; Block(s) ,
Addition, (Wichita) Sedgwick County, KS. If appropriate, a metes and bounds
description may be attached.

2. The application area contains acres.

3. This property is located at (address) which is generally located
at (relation to nearest streets)

4. We file this request for the following reasons:

5. County control number:

6. The names of the owners of all property included in this application **MUST** be listed as applicants. Contract purchasers, lessees or others directly associated with the property may also be listed if they desire to be advised of the proceedings. (Use a separate sheet for additional applicants if needed.)

A.	APPLICANT ADDRESS	PHONE ZIP CODE
	AGENT ADDRESS	PHONE ZIP CODE
B.	APPLICANT ADDRESS	PHONE ZIP CODE
	AGENT ADDRESS	PHONE ZIP CODE
C.	APPLICANT ADDRESS	PHONE ZIP CODE
	AGENT ADDRESS	PHONE ZIP CODE

7. We acknowledge receipt of the instruction sheet explaining the method of submitting this application. We realize that this application cannot be processed unless it is completely filled in; is accompanied by a current abstractor's certificate as required in the instruction sheet; and is accompanied by the appropriate fee. We further certify that the foregoing information is true and correct to the best of our knowledge. We acknowledge that the MAPC, Governing Body, or Board of Zoning Appeals shall have authority to impose such conditions as it deems necessary in order to serve the public interest and welfare.

_____	By	_____
Applicant's Signature		Authorized Agent (If Any)
_____	By	_____
Applicant's Signature		Authorized Agent (If Any)
_____	By	_____
Applicant's Signature		Authorized Agent (If Any)

The Petition must bear the signature(s) of the property owner(s). If an authorized agent signs on the owner's behalf, the agent shall sign his own name and attach the owner's written notarized authorization to this application.

FOR OFFICE USE ONLY

Map _____ Zoning (N) _____ (S) _____ (E) _____ (W) _____ MAPC/BZA _____ Township _____
Council/Commission District _____ DAB _____ Sm. City PC _____
NA/HOA _____
Date _____ Fee _____ Received By _____

Required Documents:

☐ Ownership List ☐ BZA Justification ☐ Legal Description ☐ Vacation Petition ☐ Site Plan ☐ Signs